

TITLE IV-E/FFP REFERRAL:

PURPOSE:

The purpose of this form is to provide a vehicle for a Children's Service Worker (CSW) or a Division of Youth Services (DYS) Worker or a Juvenile Court (JC) Worker to refer a child or youth in out-of-home placement to an Eligibility Specialist (ES) for a Title IV-E/FFP eligibility/reimbursability determination. It is completed within ten (10) working days from the date the child or youth enters care. It is not completed when a child or youth is in care less than three (3) days. Appropriate Court orders, a copy of the Court petition and other pertinent information must be attached. The Case Manager completes the form for a DFS child. The DYS Worker who completes the form, attaches a completed and signed IM-1 and sends same to the ES assigned to the county from which the youth was committed or recommitted. The JC Worker who completes the form attaches a completed and signed IM-1 and sends it to the ES assigned to the county of the Juvenile Court which has custody of the child. The ES will determine Title XIX/FFP only for a child in the custody of the Juvenile Court, but will not complete a Title IV-E eligibility determination unless DFS has a contract with that Juvenile/Family Court. It is written in black ink or typed.

NUMBER OF COPIES AND DISTRIBUTION:

The original is sent to the ES and a copy is retained in the child's or youth's case record.

INSTRUCTIONS FOR COMPLETION:

IDENTIFYING INFORMATION:

Child's Name: For a DFS child, enter the child's name as it appears on the SS-61. For a DYS youth, enter the youth's name as it appears in the DYS system. For a JC child, enter the name as it is known in the court record or as it is known on the SS-61 if the child is open in ACTS (Class I Juvenile Court child who has been adjudicated as HDN).

DCN: Enter the child's DCN. A DCN will need to be assigned for the JC child unless the child is already known in the Departmental database.

DYS Number: The DYS worker enters the DYS youth's DYS student number.

Type of Placement: For a DFS child, enter the type of placement as indicated on the SS-61 Code Sheet. For a DYS youth, enter the type of placement as indicated in the DYS system. For a JC child, the facility in which the child is placed should be entered.

NOTE: Children who reside in a detention facility, at Cottonwood Residential Facility or are in runaway status are not in an eligible Title XIX/FFP placement.

Placement Address: Enter the street address, city, state and zip code of the child's current placement.

Date of Custody: Enter the date the child was placed in DFS custody or the date the youth was committed or re-committed to DYS custody by the Court or the date the child was placed in the custody of the Juvenile Court.

Mailing Address: Enter the mailing address, city, state and zip code of the child if it is different than the placement address. An example is an older youth who chooses to have mail sent to the county DFS office. Enter "the same as above" if it is the same as the placement.

Date of Birth: Enter the date of birth of the child.

Social Security Number: Enter the Social Security Number of the child.

Race: For a DFS child, enter the child's race using the codes on the SS-61 Code Sheet. For a DYS youth, enter the race code indicated in the DYS system. For a JC child, enter the race code as it is known in the departmental database or write the race of the child on the form, if not known in the departmental database.

Sex: Enter the child's sex, "M" for male or "F" for female.

State of Birth: Enter the state in which the child was born. This information is important for the Child Support Enforcement referral and potential SSI referral.

CSW/DYS Worker: Enter the name of the DFS Case Manager, DYS Worker or the JC Worker.

Supervisor: Enter the name of the DFS Case Manager's, DYS worker's or the JC Worker's supervisor.

Telephone Number: Enter the telephone number of the DFS Case Manager, DYS worker or the JC Worker.

County: Enter the DFS Case Manager County or the DYS county of commitment or recommitment or the county of the Juvenile Court which has custody.

ELIGIBILITY/REIMBURSABILITY INFORMATION

NOTE: This information is gathered by the CSW or DYS worker or JC worker during his/her work with the family. If the information is sought, but is not known, place "unknown" in the field. If it is obvious from the worker's observation that the family meets AFDC criteria, this should not negatively affect the Children's Services Financial Assistance eligibility determination process. If the family will not cooperate with sharing any of the requested information and it is obvious to the worker that they have, for example, resources beyond the AFDC limits, the child or youth cannot be found eligible for Title IV-E. In such a situation, please complete the Identifying Information Section and attach an IOC explaining to the ES the family's lack of cooperation.

For the JC child, only items 4, 11-19, need to be completed. For items 11-19, only current information pertaining to the child needs to be completed.

Field 1: Check "Yes" or "No." If "Yes" is checked, enter the public assistance case name, type of public assistance and the case number.

Field 2: Check "Yes" or "No." If "No," enter the name of the parent absent from the home.

Field 3: Check "Yes," "No," or "N/A." If "Yes," enter the name of the parent and indicate if "disabled," "deceased," or "unemployed."

Field 3a: Check "Yes" or "No." Enter the name of the primary wage earner.

Field 4: Check "Yes," "No," or "N/A." If "Yes," enter if the attendance is full or part-time.

Field 5: Check "Yes," "No," or "N/A." When applicable, enter the expected graduation date.

Field 6: Check "Yes" or "No."

Field 7: If "No" is checked in Field 6, enter the relationship, name, street address, city, state and zip code of all living arrangements for the six months prior to the month Court proceedings were initiated, beginning with the child's most recent living arrangement prior to placement.

Field 8: Enter the name, Social Security Number, birthdate, and relationship of all household members in the removal home in the month the Court petition was filed. Indicate with a check () the parent(s)/caretaker(s) from whom the child was removed.

Field 9: Check "Yes" or "No." Adoption Support Payment information is necessary because these payments are not counted toward income or resources for the family.

Field 10: Check "Yes" or "No." If "Yes," attach information about the estate or suit (lawsuit).

Field 11: Enter the balance, owner, bank name, full address, and account number of all household members in the removal home in the month the Court petition was filed.

Field 12: Check "Yes" or "No." If "Yes," please list the owner, location and full address, the value and amount owed.

Field 13: Check "none" if no vehicle is owned. If a vehicle(s) is owned, enter the vehicle owner(s), model, make and year.

Field 14: List the income amount, other than wages from income, for all household members in the removal home in the month the Court petition was filed. Enter the appropriate income amount(s) for the foster child, mother, father, and sibling(s). Check "Step" if it is a step-mother or father.

Field 15: Indicate the DFS Foster child's/DYS youth's/JC child's payee (name and type of benefit) for the listed benefits.

Field 16: Enter the current employer name, dates worked (from, to) full address, wages, and frequency in which wages are received for the foster child, mother, father and

sibling(s). Use the "Step" category if it is a step-mother or father.

Field 17: Check "Yes" or "No." The child must be a United States citizen or legal alien to receive Title IV-E or Title XIX FFP funds.

Field 18: Enter Marital information on child's mother and father. Also complete information for blood testing, if known.

Field 19: Absent Parent Information: Enter the name, race, sex, date of birth, Social Security number, home address, home telephone number, employer name and telephone number and employer address of the absent parent. **This includes the parent(s) in the removal home.** Enter the date of the Court order that orders child support payments, the county of jurisdiction, the amount of child support ordered, the frequency it is to be paid and for whom it is paid. Enter the name of the company with whom the absent parent has health insurance and the policy number. **Attach copies of all court orders that address Child Support.**

The CSW, DYS Worker or the JC Worker signs and dates the form.

Field 20: If the foster child does not currently receive SSI, check priority 1, 2, or 3 based on the criteria indicated on this form.

NOTE: Attach all pertinent documents, such as psychological/medical reports, the CS-SSI-1, etc., that relate to the SSI application. If pertinent documents, are not yet available, enter the expected receipt date.

INSTRUCTIONS FOR RETENTION:

A copy of this form is retained in the child's case record and the Children's Services Financial Assistance record until the case record is destroyed as specified in the Alternative Care Handbook or a DYS youth's case has been destroyed via DYS notification or a JC child's case has been destroyed via Juvenile Court notification.

MEMORANDA HISTORY: CS91-6; CS92-17; CS93-18; CS95-37

